QUESTIONS #19

ATTACHMENT #13

EPA Request for Information
Magellan Pipeline Company, L.P.
Mile Post 110 #3-8" and #5-12" Pipeline Strikes
Nemaha County, Nebraska

QUESTION 19:

The following documentation of correspondence with regulatory agencies is attached:

- Letters and email correspondence with regulatory agencies
- *Restoration Plan*
- *Tier 1 Site Investigation Report*
- *Surface Water and Domestic Well Monitoring Plan*

CONESTOGA-ROVERS
& ASSOCIATES

2840 S 70th Street, PMB #187, Suite 7
Lincoln, NE 68506
Telephone/Fax: (402) 465-0354
http://www.craworld.com

April 10, 2012

Reference No. 077959

Mr. Scott McIntyre
Department of Environmental Quality
P.O. Box 98922
Lincoln, NE 68509-8922

Re: Laser Induced Fluorescence Investigation
Magellan MP 110 Release, CR 724
Nemaha County, Nebraska
SP# 121011-SM-1229

Dear Mr. McIntyre:

Conestoga-Rovers & Associates, Inc. (CRA) on behalf of Magellan Midstream Partners L.P. (Magellan) has prepared this work plan for the use of Laser-Induced Fluorescence (LIF) technology to delineate light non-aqueous phase liquid (LNAPL). The LIF will be used to evaluate the areal distribution of LNAPL in the subsurface at the Magellan MP 110 Release, off of County Road (CR) 724 in Nemaha County, Nebraska (Site) in order to refine the LNAPL Conceptual Site Model (LCSM) based on site-specific data and the following LNAPL guidance:

- United States Environmental Protection Agency (USEPA) - *A Decision-making Framework for Cleanup of Sites Impacted with Light Non-Aqueous Phase Liquids (LNAPL)*, Office of Solid Waste and Emergency Response, EPA 542-R-04-011, March 2005.
- American Society for Testing and Materials (ASTM) - ASTM Standard E2531-06, *Standard Guide for Development of Conceptual Site Models and Remediation Strategies for Light Nonaqueous Phase Liquids Released to the Subsurface*, February 2007.
- American Petroleum Institute (API) - *API Interactive LNAPL Guide, Version 2.0*, August 2004.

The goal of the work plan is to develop a technically sound LCSM that will be used as the basis for future corrective action decisions at the Site. The following sections provide a summary of the Site background, a description of the proposed work, and a cost estimate.

BACKGROUND

On December 10, 2011, Magellan responded to the notification of an accidental release from two petroleum product pipelines near a hilltop southwest of Nemaha, Nebraska. A Site Location Map and Aerial Photograph are included on Figures 1 and 2. A contractor for a private landowner was performing maintenance and damaged two pipelines. The release from the 12-inch pipeline was reported as

approximately 1,529 barrels of gasoline and 655 barrels of jet fuel, and the release from the 8-inch pipeline was reported approximately 650 barrels of diesel fuel into agricultural fields. The majority of the released fuel followed farm terraces to a vegetated swale that conveyed the release to an unnamed intermittent stream channel. This unnamed intermittent stream is a tributary to Jarvis Creek and is located in the Little Nemaha River watershed.

The emergency response from Magellan included placement of Best Management Practices (BMPs) to manage the released fuel and surface water flow, and to minimize onsite sedimentation and erosion. Test pits were installed at multiple locations in the vegetated swale and at the bottom of the sloped field to monitor potential migration of the released fuel through the subsurface. An earthen berm and two interceptor trenches were constructed to contain surface water run-off and intercept fuel trapped in the soil. The interceptor trenches were excavated to a depth of approximately 13 feet below ground surface (bgs). Shale bedrock is encountered at an approximated depth of 17 feet bgs at this location based on boring logs completed by Burns & McDonnell during an initial direct-push soil boring and groundwater investigation. Seven temporary underflow dams (UDs) were placed within stream channels to contain and facilitate recovery of fuel that had entered the stream. The UDs were constructed in a manner to impede flow of the fuel while allowing the water to pass. Construction of the UDs required removal of a small portion of riparian area and placement of fill within stream channels. Placement of fill within the waters of the United States, including adjacent wetlands requires a Section 404 permit from the US Army Corps of Engineers (USACE).

SCOPE OF WORK

The proposed field investigations include screening the subsurface using direct-push drilling with LIF technology.

Laser-Induced Fluorescence Investigation

LIF is a real-time, in-situ, subsurface field-screening method used for identifying hydrocarbons, such as gasoline, diesel fuel, jet fuel, creosote, coal tar, and hydraulic fluids. A direct-push drill rig is used to advance the LIF probe into the underlying soils. The LIF probe emits an ultraviolet (UV) light through a sapphire window into the soil as it is advanced. Hydrocarbons can be detected by the LIF probe via the fluorescence response of their polycyclic aromatic hydrocarbon (PAH) constituents. The LIF method detects the PAHs in the bulk soil matrix throughout the vadose, capillary fringe, and saturated zones. The fluorescence signal is directly proportional to the concentration of the hydrocarbons and can be used to distinguish different petroleum products as each has its own unique waveform. Responses are indicated in real-time on a graph of signal versus depth that identifies the type of petroleum product present. Signal intensities are calibrated to a mixed petroleum standard periodically during each day of investigation. LIF does not respond to dissolved phase (aqueous) hydrocarbons.

The areas proposed for the LIF investigation are shown on Figure 3. To evaluate the seeps along the unnamed tributary, the LIF investigation will start along the north side of unnamed tributary stream

bank in the agricultural field and proceed along the north side of CR 723. The LIF investigation will continue until the pipeline is crossed to evaluate if LNAPL is following any preferential pathway from the pipeline backfill. After this southern transect has been evaluated the LIF investigation will start at the release point of the pipeline and work in transects following encountered LNAPL down to the stream. The LIF locations will initially start on transects with LIF locations at intervals of 100-feet apart. Proposed locations may be moved, eliminated, or added based on the LIF results and restrictions of the Site. It is anticipated that the maximum depth of the LIF screening will be approximately 15 and 55 feet below ground surface (bgs) as identified in the Site boring logs. These depths may be adjusted based on the field observations during the LIF investigation.

To complete the LIF Survey, CRA proposes approximately 175 exploratory locations for the purpose of delineating the hydrocarbon impacts to the Site. LIF data is collected in real time. Therefore, the number of actual exploratory locations installed could vary depending on field conditions. Due to the elevation change at the site exploratory locations will vary in depth from 15- ft bgs to 55 ft bgs. Potential initial exploratory locations are presented on Figure 3. Matrix Environmental LLC (Matrix) of Osseo, Minnesota will perform the LIF survey. Matrix will use two Geoprobe® units equipped with an UVOST/Electrical Conductivity (EC) system to provide a vertical and horizontal profile of LNAPL in the subsurface. The EC instrument is a complimentary tool integrated with the UVOST systems. Different soil types will conduct electricity differently depending on particle size and mineralogy. The EC system operates at the same time the fluorescence data is being gathered. Logging with both tools can help in the development of a site wide model of the LNAPL source area and unconsolidated stratigraphy. The LIF probe locations will be abandoned in accordance with Nebraska guidelines and regulations.

Following the field investigation, the LIF probe locations will be measured using a Leica GEO 1200 GPS or equivalent unit in State Plane NAD 83 Datum as well as Longitude and Latitude. Elevation surveying of the nearby ground surface of the probe locations will be performed to an accuracy of 0.01-foot to mean sea level (MSL).

Additional Recovery Points, Well Installation & Groundwater Investigation

The results of the LIF investigation will be used to support the following investigative and remedial actions:

- Further refinement and presentation of the LNAPL Conceptual Site Model.
- Potential locations of additional recovery wells/sumps/trenches.
- Remedial design evaluation of existing recovery trenches for modification and installation of a temporary total fluids recovery treatment system.
- Potential future groundwater monitoring well network.

All of the above items will be documented in deliverables to the NDEQ project manager for review and approval prior to proceeding with additional work.

SCHEDULE

Work will be scheduled to commence as soon as possible following CRA's receipt of authorization to proceed.

If you have any questions or require additional information, please contact me at (402) 465-0354.

Sincerely,

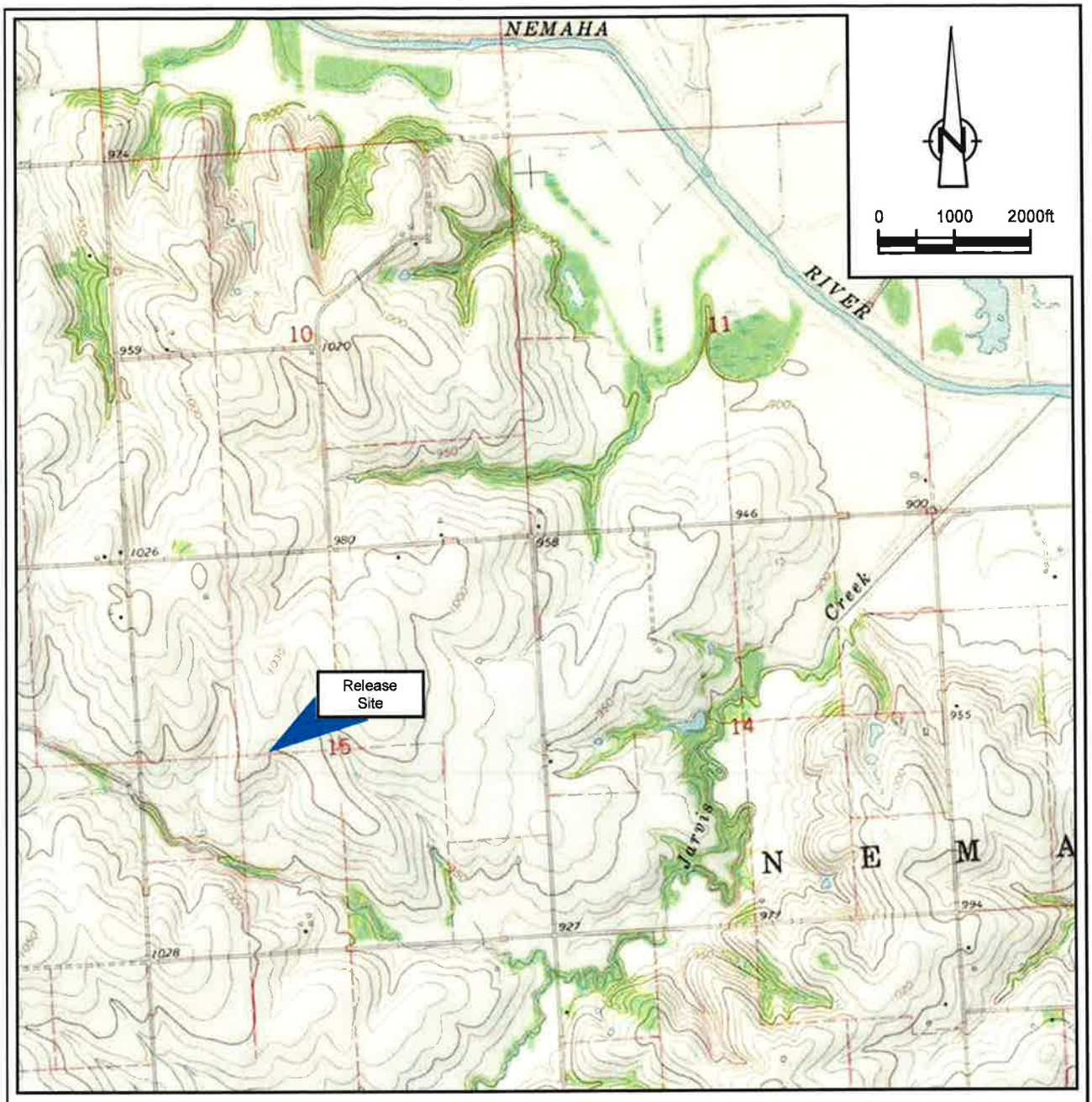
CONESTOGA-ROVERS & ASSOCIATES

Mary Collura
Project Manager

Greg Barton
Senior Project Manager

Encl.

cc: Lorraine Woxell – Magellan Midstream Partners L.P.



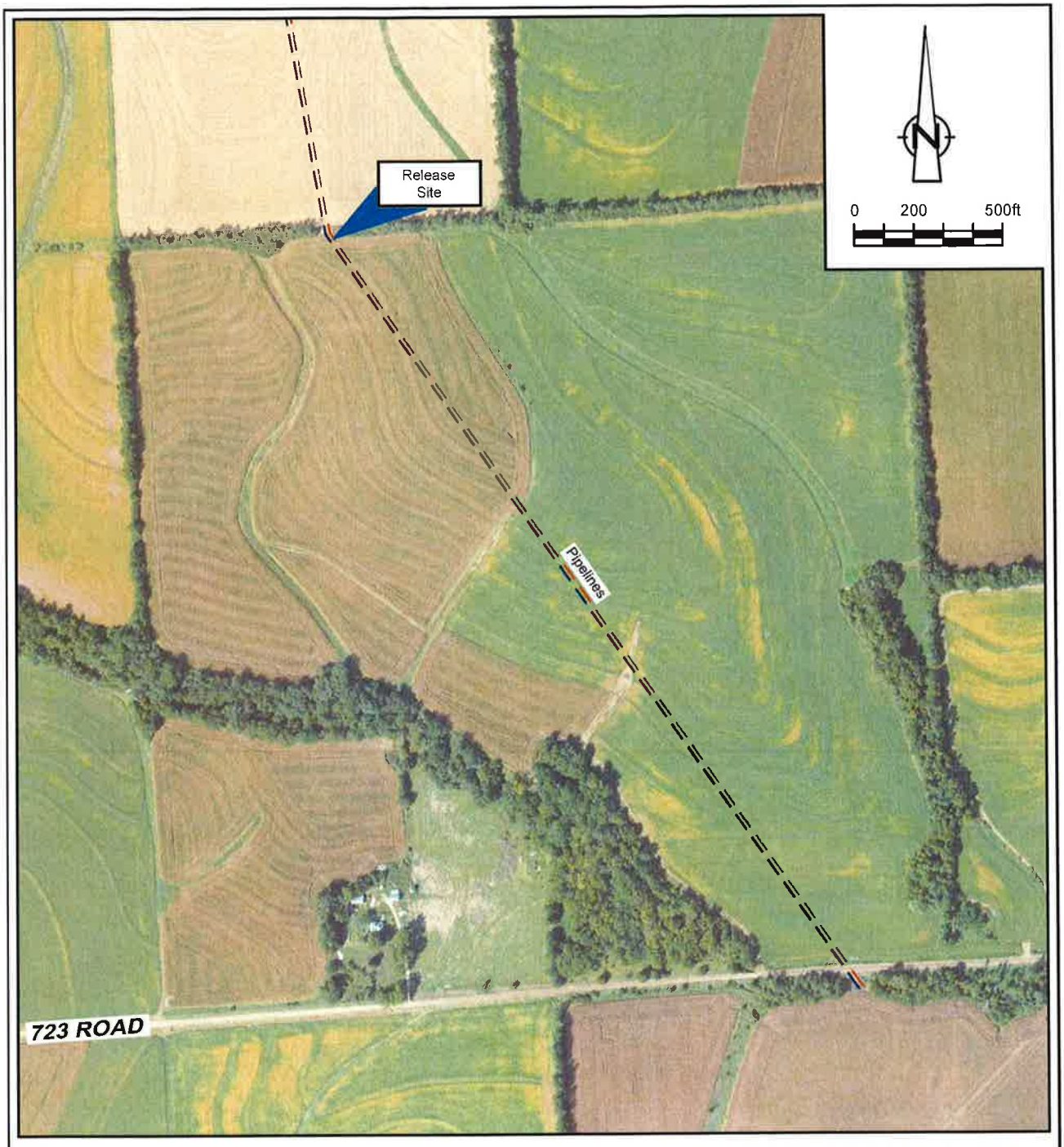
SOURCE: USGS 7.5 MINUTE QUAD
"NEMAHA, NEBRASKA"

LAT/LONG: 40.308° NORTH, 95.718° WEST
COORDINATE: NAD83 DATUM, U.S. FOOT
STATE PLANE ZONE - NEBRASKA

figure 1

SITE LOCATION MAP
MP 110 PIPELINE RELEASE
SP#-121011-SM-1229
NEMAHA, NEBRASKA
Magellan Midstream Partners, L.P.

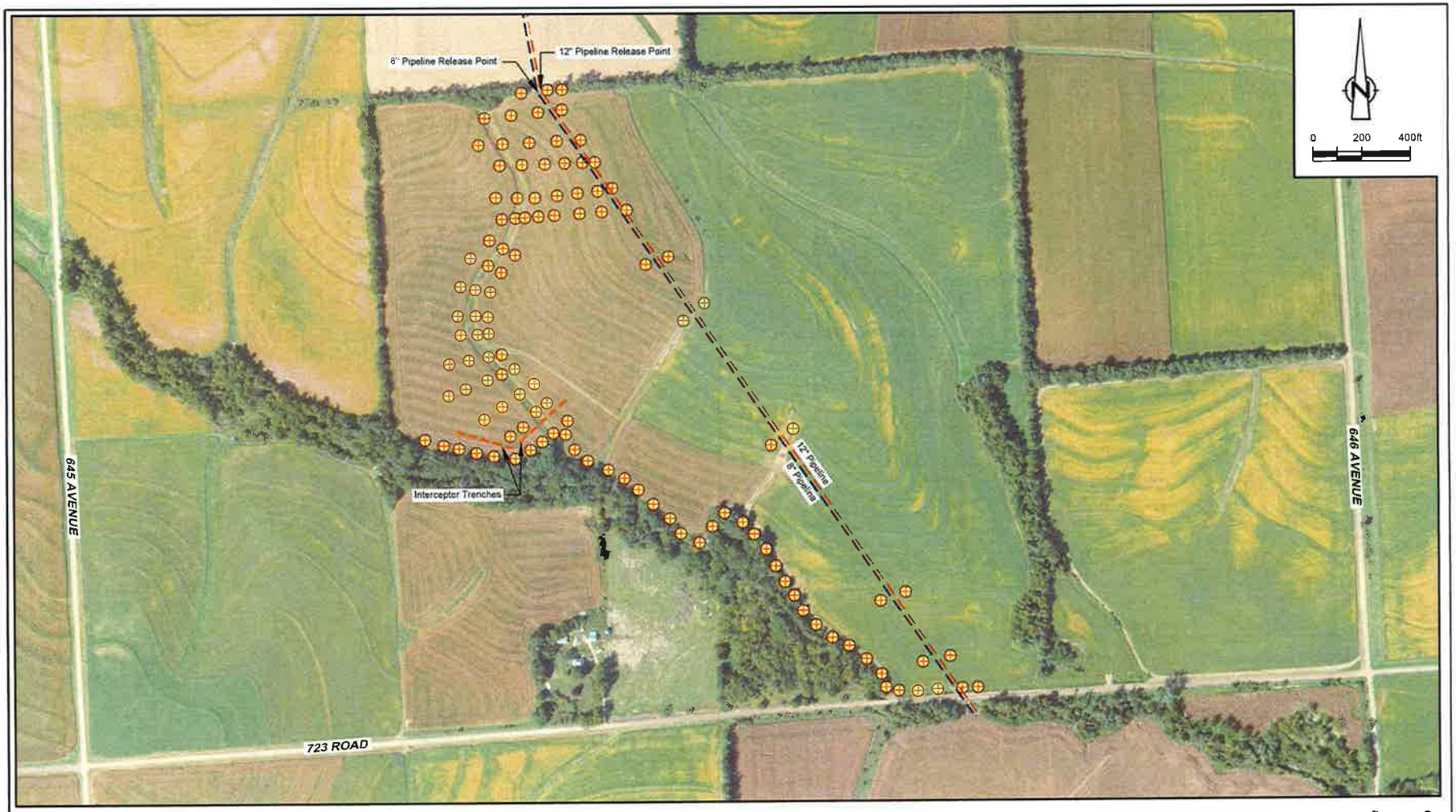
077959-00(000)GN-DL001 APR 4/2012



LAT/LONG: 40.308° NORTH, 95.718° WEST
COORDINATE: NAD83 DATUM, U.S. FOOT
STATE PLANE ZONE - NEBRASKA

figure 2

AERIAL PHOTOGRAPH
MP 110 PIPELINE RELEASE
SP#-121011-SM-1229
NEMAHA, NEBRASKA
Magellan Midstream Partners, L.P.



LAT/LONG: 40.308° NORTH, 95.718° WEST
COORDINATE: NAD83 DATUM, U.S. FOOT
STATE PLANE ZONE - NEBRASKA

LEGEND

- Proposed Initial LIF (Laser-Induced Fluorescence) Probe Location
- 12" Pipeline
- 8" Pipeline
- Interceptor Trench

NOTES:

1. The LIF data is collected in realtime.
2. The actual number and locations of LIF probes will be determined in the field based on site conditions.

figure 3

PROPOSED LIF LOCATION MAP
MP 110 PIPELINE RELEASE
SP#-121011-SM-1229
NEMAHA, NEBRASKA
Magellan Midstream Partners, L.P.

US DOT PHMSA REPORT #5-12”

NOTICE: This report is required by 49 CFR Part 195. Failure to report can result in a civil penalty not to exceed $100,000 for each violation for each day that such violation persists except that the maximum civil penalty shall not exceed $1,000,000 as provided in 49 USC 60122.	OMB NO: 2137-0047 EXPIRATION DATE: 01/31/2013

U.S Department of Transportation Pipeline and Hazardous Materials Safety Administration	**Report Date:**	01/06/2012
	No.	20120009 - 16310 (DOT Use Only)

ACCIDENT REPORT - HAZARDOUS LIQUID PIPELINE SYSTEMS

INSTRUCTIONS

Important: *Please read the separate instructions for completing this form before you begin. They clarify the information requested and provide specific examples. If you do not have a copy of the instructions, you can obtain one from the PHMSA Pipeline Safety Community Web Page at http://www.phmsa.dot.gov/pipeline.*

PART A - KEY REPORT INFORMATION

Report Type: *(select all that apply)*	**Original:**	**Supplemental:**	**Final:**
	Yes		
Last Revision Date:			

1. Operator's OPS-issued Operator Identification Number (OPID):	22610
2. Name of Operator	MAGELLAN PIPELINE COMPANY, LP
3. Address of Operator:	
3a. Street Address	MAGELLAN MIDSTREAM PARTNERS, L.P., ONE WILLIAMS CENTER, MAIL DROP 27
3b. City	TULSA
3c. State	Oklahoma
3d. Zip Code	74172
4. Local time *(24-hr clock)* and date of the Accident:	12/10/2011 10:50
5. Location of Accident:	
Latitude:	40.31277
Longitude:	-95.72125
6. National Response Center Report Number (if applicable):	99760
7. Local time *(24-hr clock)* and date of initial telephonic report to the National Response Center (if applicable):	12/10/2011 11:19
8. Commodity released: *(select only one, based on predominant volume released)*	Refined and/or Petroleum Product (non-HVL) which is a Liquid at Ambient Conditions
- Specify Commodity Subtype:	Gasoline (non-Ethanol)
- If "Other" Subtype, Describe:	
- If Biofuel/Alternative Fuel and Commodity Subtype is Ethanol Blend, then % Ethanol Blend: %:	
- If Biofuel/Alternative Fuel and Commodity Subtype is Biodiesel, then Biodiesel Blend (e.g. B2, B20, B100): B	
9. Estimated volume of commodity released unintentionally (Barrels):	2,184.00
10. Estimated volume of intentional and/or controlled release/blowdown (Barrels):	
11. Estimated volume of commodity recovered (Barrels):	50.00
12. Were there fatalities?	No
- If Yes, specify the number in each category:	
12a. Operator employees	
12b. Contractor employees working for the Operator	
12c. Non-Operator emergency responders	
12d. Workers working on the right-of-way, but NOT associated with this Operator	
12e. General public	
12f. Total fatalities (sum of above)	
13. Were there injuries requiring inpatient hospitalization?	No
- If Yes, specify the number in each category:	
13a. Operator employees	
13b. Contractor employees working for the Operator	
13c. Non-Operator emergency responders	

13d. Workers working on the right-of-way, but NOT associated with this Operator	
13e. General public	
13f. Total injuries (sum of above)	
14. Was the pipeline/facility shut down due to the Accident?	Yes
- If No, Explain:	
- If Yes, complete Questions 14a and 14b: *(use local time, 24-hr clock)*	
14a. Local time and date of shutdown:	12/10/2011 10:53
14b. Local time pipeline/facility restarted:	12/12/2011 14:40
- Still shut down? (* Supplemental Report Required)	
15. Did the commodity ignite?	No
16. Did the commodity explode?	No
17. Number of general public evacuated:	
18. Time sequence *(use local time, 24-hour clock)*:	
18a. Local time Operator identified Accident:	12/10/2011 10:54
18b. Local time Operator resources arrived on site:	12/10/2011 12:20

PART B - ADDITIONAL LOCATION INFORMATION

1. Was the origin of Accident onshore?	Yes
If Yes, Complete Questions (2-12)	
If No, Complete Questions (13-15)	
- If Onshore:	
2. State:	Nebraska
3. Zip Code:	68414
4. City	NEMAHA CITY
5. County or Parish	NEMAH
6. Operator-designated location:	Milepost/Valve Station
Specify:	110.5
7. Pipeline/Facility name:	#5-12" Kansas City to Sioux City Line
8. Segment name/ID:	Line Segment #5505
9. Was Accident on Federal land, other than the Outer Continental Shelf (OCS)?	No
10. Location of Accident:	Originated on Operator-controlled property, but then flowed or migrated off the property
11. Area of Accident (as found):	Underground
Specify:	Under soil
- If Other, Describe:	
Depth-of-Cover (in):	15
12. Did Accident occur in a crossing?	No
- If Yes, specify below:	
- If Bridge crossing –	
Cased/ Uncased:	
- If Railroad crossing –	
Cased/ Uncased/ Bored/drilled	
- If Road crossing –	
Cased/ Uncased/ Bored/drilled	
- If Water crossing –	
Cased/ Uncased	
- Name of body of water, if commonly known:	
- Approx. water depth (ft) at the point of the Accident:	
- Select:	
- If Offshore:	
13. Approximate water depth (ft) at the point of the Accident:	
14. Origin of Accident:	
- In State waters - Specify:	
- State:	
- Area:	
- Block/Tract #:	
- Nearest County/Parish:	
- On the Outer Continental Shelf (OCS) - Specify:	
- Area:	
- Block #:	
15. Area of Accident:	

PART C - ADDITIONAL FACILITY INFORMATION

1. Is the pipeline or facility:	Intrastate
2. Part of system involved in Accident:	Onshore Pipeline, Including Valve Sites
- If Onshore Breakout Tank or Storage Vessel, Including Attached Appurtenances, specify:	

3. Item involved in Accident:	Pipe
- If Pipe, specify:	Pipe Body
3a. Nominal diameter of pipe (in):	12.75
3b. Wall thickness (in):	.312
3c. SMYS (Specified Minimum Yield Strength) of pipe (psi):	42,000
3d. Pipe specification:	API 5LX-42
3e. Pipe Seam , specify:	Seamless
- If Other, Describe:	
3f. Pipe manufacturer:	UNKNOWN
3g. Year of manufacture:	1950
3h. Pipeline coating type at point of Accident, specify:	Coal Tar
- If Other, Describe:	
- If Weld, including heat-affected zone, specify:	
- If Other, Describe:	
- If Valve, specify:	
- If Mainline, specify:	
- If Other, Describe:	
3i. Manufactured by:	
3j. Year of manufacture:	
- If Tank/Vessel, specify:	
- If Other - Describe:	
- If Other, describe:	
4. Year item involved in Accident was installed:	1950
5. Material involved in Accident:	Carbon Steel
- If Material other than Carbon Steel, specify:	
6. Type of Accident Involved:	Mechanical Puncture
- If Mechanical Puncture – Specify Approx. size:	
in. (axial) by	3.00
in. (circumferential)	14.00
- If Leak - Select Type:	
- If Other, Describe:	
- If Rupture - Select Orientation:	
- If Other, Describe:	
Approx. size: in. (widest opening) by	
in. (length circumferentially or axially)	
- If Other – Describe:	

PART D - ADDITIONAL CONSEQUENCE INFORMATION

1. Wildlife impact:	Yes
1a. If Yes, specify all that apply:	
- Fish/aquatic	Yes
- Birds	
- Terrestrial	
2. Soil contamination:	Yes
3. Long term impact assessment performed or planned:	Yes
4. Anticipated remediation:	Yes
4a. If Yes, specify all that apply:	
- Surface water	
- Groundwater	
- Soil	Yes
- Vegetation	
- Wildlife	
5. Water contamination:	Yes
5a. If Yes, specify all that apply:	
- Ocean/Seawater	
- Surface	Yes
- Groundwater	
- Drinking water: *(Select one or both)*	
- Private Well	
- Public Water Intake	
5b. Estimated amount released in or reaching water (Barrels):	67.50
5c. Name of body of water, if commonly known:	Unnamed Tributary to Jarvis Creek
6. At the location of this Accident, had the pipeline segment or facility been identified as one that "could affect" a High Consequence Area (HCA) as determined in the Operator's Integrity Management Program?	Yes
7. Did the released commodity reach or occur in one or more High Consequence Area (HCA)?	Yes
7a. If Yes, specify HCA type(s): *(Select all that apply)*	
- Commercially Navigable Waterway:	

Was this HCA identified in the "could affect" determination for this Accident site in the Operator's Integrity Management Program?	
- High Population Area:	
Was this HCA identified in the "could affect" determination for this Accident site in the Operator's Integrity Management Program?	
- Other Populated Area	
Was this HCA identified in the "could affect" determination for this Accident site in the Operator's Integrity Management Program?	
- Unusually Sensitive Area (USA) - Drinking Water	
Was this HCA identified in the "could affect" determination for this Accident site in the Operator's Integrity Management Program?	
- Unusually Sensitive Area (USA) - Ecological	Yes
Was this HCA identified in the "could affect" determination for this Accident site in the Operator's Integrity Management Program?	Yes
8. Estimated Property Damage :	
8a. Estimated cost of public and non-Operator private property damage	$ 3,500
8b. Estimated cost of commodity lost	$ 95,147
8c. Estimated cost of Operator's property damage & repairs	$ 31,000
8d. Estimated cost of Operator's emergency response	$ 240,000
8e. Estimated cost of Operator's environmental remediation	$ 1,414,350
8f. Estimated other costs	$ 131,700
Describe:	Road Maintenance and Construction
8g. Total estimated property damage (sum of above)	$ 1,915,697

PART E - ADDITIONAL OPERATING INFORMATION

1. Estimated pressure at the point and time of the Accident (psig):	820.00
2. Maximum Operating Pressure (MOP) at the point and time of the Accident (psig):	1,195.00
3. Describe the pressure on the system or facility relating to the Accident (psig):	Pressure did not exceed MOP
4. Not including pressure reductions required by PHMSA regulations (such as for repairs and pipe movement), was the system or facility relating to the Accident operating under an established pressure restriction with pressure limits below those normally allowed by the MOP?	No
- If Yes, Complete 4.a and 4.b below:	
4a. Did the pressure exceed this established pressure restriction?	
4b. Was this pressure restriction mandated by PHMSA or the State?	
5. Was "Onshore Pipeline, Including Valve Sites" OR "Offshore Pipeline, Including Riser and Riser Bend" selected in PART C, Question 2?	Yes
- If Yes - *(Complete 5a. – 5f. below)*	
5a. Type of upstream valve used to initially isolate release source:	Remotely Controlled
5b. Type of downstream valve used to initially isolate release source:	Remotely Controlled
5c. Length of segment isolated between valves (ft):	754,444
5d. Is the pipeline configured to accommodate internal inspection tools?	Yes
- If No, Which physical features limit tool accommodation? *(select all that apply)*	
- Changes in line pipe diameter	
- Presence of unsuitable mainline valves	
- Tight or mitered pipe bends	
- Other passage restrictions (i.e. unbarred tee's, projecting instrumentation, etc.)	
- Extra thick pipe wall (applicable only for magnetic flux leakage internal inspection tools)	
- Other -	
- If Other, Describe:	
5e. For this pipeline, are there operational factors which significantly complicate the execution of an internal inspection tool run?	No
- If Yes, Which operational factors complicate execution? *(select all that apply)*	

- Excessive debris or scale, wax, or other wall buildup	
- Low operating pressure(s)	
- Low flow or absence of flow	
- Incompatible commodity	
- Other -	
- If Other, Describe:	
5f. Function of pipeline system:	> 20% SMYS Regulated Trunkline/Transmission
6. Was a Supervisory Control and Data Acquisition (SCADA)-based system in place on the pipeline or facility involved in the Accident?	Yes
If Yes -	
6a. Was it operating at the time of the Accident?	Yes
6b. Was it fully functional at the time of the Accident?	Yes
6c. Did SCADA-based information (such as alarm(s), alert(s), event(s), and/or volume calculations) assist with the detection of the Accident?	Yes
6d. Did SCADA-based information (such as alarm(s), alert(s), event(s), and/or volume calculations) assist with the confirmation of the Accident?	Yes
7. Was a CPM leak detection system in place on the pipeline or facility involved in the Accident?	Yes
- If Yes:	
7a. Was it operating at the time of the Accident?	Yes
7b. Was it fully functional at the time of the Accident?	Yes
7c. Did CPM leak detection system information (such as alarm(s), alert(s), event(s), and/or volume calculations) assist with the detection of the Accident?	Yes
7d. Did CPM leak detection system information (such as alarm(s), alert(s), event(s), and/or volume calculations) assist with the confirmation of the Accident?	Yes
8. How was the Accident initially identified for the Operator?	CPM leak detection system or SCADA-based information (such as alarm(s), alert(s), event(s), and/or volume calculations)
- If Other, Specify:	
8a. If "Controller", "Local Operating Personnel", including contractors", "Air Patrol", or "Guard Patrol by Operator or its contractor" is selected in Question 8, specify the following:	
9. Was an investigation initiated into whether or not the controller(s) or control room issues were the cause of or a contributing factor to the Accident?	Yes, specify investigation result(s): (select all that apply)
- If No, the Operator did not find that an investigation of the controller(s) actions or control room issues was necessary due to: *(provide an explanation for why the operator did not investigate)*	
- If Yes, specify investigation result(s): *(select all that apply)*	
- Investigation reviewed work schedule rotations, continuous hours of service (while working for the Operator), and other factors associated with fatigue	Yes
- Investigation did NOT review work schedule rotations, continuous hours of service (while working for the Operator), and other factors associated with fatigue	
Provide an explanation for why not:	
- Investigation identified no control room issues	Yes
- Investigation identified no controller issues	Yes
- Investigation identified incorrect controller action or controller error	
- Investigation identified that fatigue may have affected the controller(s) involved or impacted the involved controller(s) response	
- Investigation identified incorrect procedures	
- Investigation identified incorrect control room equipment operation	
- Investigation identified maintenance activities that affected control room operations, procedures, and/or controller response	
- Investigation identified areas other than those above:	
Describe:	

PART F - DRUG & ALCOHOL TESTING INFORMATION

1. As a result of this Accident, were any Operator employees tested under the post-accident drug and alcohol testing requirements of DOT's Drug & Alcohol Testing regulations?	Yes
- If Yes:	
1a. Specify how many were tested:	1
1b. Specify how many failed:	0
2. As a result of this Accident, were any Operator contractor employees tested under the post-accident drug and alcohol testing requirements of DOT's Drug & Alcohol Testing regulations?	No
- If Yes:	
2a. Specify how many were tested:	
2b. Specify how many failed:	

PART G – APPARENT CAUSE

Select only one box from PART G in shaded column on left representing the APPARENT Cause of the Accident, and answer the questions on the right. Describe secondary, contributing or root causes of the Accident in the narrative (PART H).

Apparent Cause:	G3 - Excavation Damage
G1 - Corrosion Failure - only one **sub-cause** can be picked from shaded left-hand column	
External Corrosion:	
Internal Corrosion:	
- If External Corrosion:	
1. Results of visual examination:	
- If Other, Describe:	
2. Type of corrosion: *(select all that apply)*	
- Galvanic	
- Atmospheric	
- Stray Current	
- Microbiological	
- Selective Seam	
- Other:	
- If Other, Describe:	
3. The type(s) of corrosion selected in Question 2 is based on the following: *(select all that apply)*	
- Field examination	
- Determined by metallurgical analysis	
- Other:	
- If Other, Describe:	
4. Was the failed item buried under the ground?	
- If Yes :	
4a. Was failed item considered to be under cathodic protection at the time of the Accident?	
If Yes - Year protection started:	
4b. Was shielding, tenting, or disbonding of coating evident at the point of the Accident?	
4c. Has one or more Cathodic Protection Survey been conducted at the point of the Accident?	
If "Yes, CP Annual Survey" – Most recent year conducted:	
If "Yes, Close Interval Survey" – Most recent year conducted:	
If "Yes, Other CP Survey" – Most recent year conducted:	
- If No:	
4d. Was the failed item externally coated or painted?	
5. Was there observable damage to the coating or paint in the vicinity of the corrosion?	
- If Internal Corrosion:	
6. Results of visual examination:	
- Other:	
7. Type of corrosion *(select all that apply)*: -	
- Corrosive Commodity	
- Water drop-out/Acid	
- Microbiological	
- Erosion	
- Other:	
- If Other, Describe:	
8. The cause(s) of corrosion selected in Question 7 is based on the following *(select all that apply)*: -	
- Field examination	

- Determined by metallurgical analysis	
- Other:	
- If Other, Describe:	
9. Location of corrosion *(select all that apply)*: -	
- Low point in pipe	
- Elbow	
- Other:	
- If Other, Describe:	
10. Was the commodity treated with corrosion inhibitors or biocides?	
11. Was the interior coated or lined with protective coating?	
12. Were cleaning/dewatering pigs (or other operations) routinely utilized?	
13. Were corrosion coupons routinely utilized?	
Complete the following if any Corrosion Failure sub-cause is selected AND the "Item Involved in Accident" (from PART C, Question 3) is Tank/Vessel.	
14. List the year of the most recent inspections:	
14a. API Std 653 Out-of-Service Inspection	
- No Out-of-Service Inspection completed	
14b. API Std 653 In-Service Inspection	
- No In-Service Inspection completed	
Complete the following if any Corrosion Failure sub-cause is selected AND the "Item Involved in Accident" (from PART C, Question 3) is Pipe or Weld.	
15. Has one or more internal inspection tool collected data at the point of the Accident?	
15a. If Yes, for each tool used, select type of internal inspection tool and indicate most recent year run: -	
- Magnetic Flux Leakage Tool	
Most recent year:	
- Ultrasonic	
Most recent year:	
- Geometry	
Most recent year:	
- Caliper	
Most recent year:	
- Crack	
Most recent year:	
- Hard Spot	
Most recent year:	
- Combination Tool	
Most recent year:	
- Transverse Field/Triaxial	
Most recent year:	
- Other	
Most recent year:	
Describe:	
16. Has one or more hydrotest or other pressure test been conducted since original construction at the point of the Accident?	
If Yes -	
Most recent year tested:	
Test pressure:	
17. Has one or more Direct Assessment been conducted on this segment?	
- If Yes, and an investigative dig was conducted at the point of the Accident::	
Most recent year conducted:	
- If Yes, but the point of the Accident was not identified as a dig site:	
Most recent year conducted:	
18. Has one or more non-destructive examination been conducted at the point of the Accident since January 1, 2002?	
18a. If Yes, for each examination conducted since January 1, 2002, select type of non-destructive examination and indicate most recent year the examination was conducted:	
- Radiography	
Most recent year conducted:	
- Guided Wave Ultrasonic	
Most recent year conducted:	
- Handheld Ultrasonic Tool	
Most recent year conducted:	
- Wet Magnetic Particle Test	
Most recent year conducted:	
- Dry Magnetic Particle Test	
Most recent year conducted:	
- Other	
Most recent year conducted:	

Describe:	
G2 - Natural Force Damage - only one **sub-cause** can be picked from shaded left-handed column	
Natural Force Damage – Sub-Cause:	
- If Earth Movement, NOT due to Heavy Rains/Floods:	
1. Specify:	
- If Other, Describe:	
- If Heavy Rains/Floods:	
2. Specify:	
- If Other, Describe:	
- If Lightning:	
3. Specify:	
- If Temperature:	
4. Specify:	
- If Other, Describe:	
- If High Winds:	
- If Other Natural Force Damage:	
5. Describe:	
Complete the following if any Natural Force Damage sub-cause is selected.	
6. Were the natural forces causing the Accident generated in conjunction with an extreme weather event?	
6a. If Yes, specify: *(select all that apply)*	
- Hurricane	
- Tropical Storm	
- Tornado	
- Other	
- If Other, Describe:	
G3 - Excavation Damage - only one **sub-cause** can be picked from shaded left-hand column	
Excavation Damage – Sub-Cause:	Excavation Damage by Third Party
- If Excavation Damage by Operator (First Party):	
- If Excavation Damage by Operator's Contractor (Second Party):	
- If Excavation Damage by Third Party:	
- If Previous Damage due to Excavation Activity:	
Complete Questions 1-5 ONLY IF the "Item Involved In Accident" (from PART C, Question 3) is Pipe or Weld.	
1. Has one or more internal inspection tool collected data at the point of the Accident?	
1a. If Yes, for each tool used, select type of internal inspection tool and indicate most recent year run: -	
- Magnetic Flux Leakage	
Most recent year conducted:	
- Ultrasonic	
Most recent year conducted:	
- Geometry	
Most recent year conducted:	
- Caliper	
Most recent year conducted:	
- Crack	
Most recent year conducted:	
- Hard Spot	
Most recent year conducted:	
- Combination Tool	
Most recent year conducted:	
- Transverse Field/Triaxial	
Most recent year conducted:	
- Other	
Most recent year conducted:	
Describe:	
2. Do you have reason to believe that the internal inspection was completed BEFORE the damage was sustained?	
3. Has one or more hydrotest or other pressure test been conducted since original construction at the point of the Accident?	
- If Yes:	

Most recent year tested:	
Test pressure (psig):	
4. Has one or more Direct Assessment been conducted on the pipeline segment?	
- If Yes, and an investigative dig was conducted at the point of the Accident:	
Most recent year conducted:	
- If Yes, but the point of the Accident was not identified as a dig site:	
Most recent year conducted:	
5. Has one or more non-destructive examination been conducted at the point of the Accident since January 1, 2002?	
5a. If Yes, for each examination, conducted since January 1, 2002, select type of non-destructive examination and indicate most recent year the examination was conducted:	
- Radiography	
Most recent year conducted:	
- Guided Wave Ultrasonic	
Most recent year conducted:	
- Handheld Ultrasonic Tool	
Most recent year conducted:	
- Wet Magnetic Particle Test	
Most recent year conducted:	
- Dry Magnetic Particle Test	
Most recent year conducted:	
- Other	
Most recent year conducted:	
Describe:	
Complete the following if Excavation Damage by Third Party is selected as the sub-cause.	
6. Did the operator get prior notification of the excavation activity?	No
6a. If Yes, Notification received from: *(select all that apply)* -	
- One-Call System	
- Excavator	
- Contractor	
- Landowner	
Complete the following mandatory CGA-DIRT Program questions if any Excavation Damage sub-cause is selected.	
7. Do you want PHMSA to upload the following information to CGA-DIRT (www.cga-dirt.com)?	Yes
8. Right-of-Way where event occurred: *(select all that apply)* -	
- Public	
- If "Public", Specify:	
- Private	Yes
- If "Private", Specify:	Private Landowner
- Pipeline Property/Easement	Yes
- Power/Transmission Line	
- Railroad	
- Dedicated Public Utility Easement	
- Federal Land	
- Data not collected	
- Unknown/Other	
9. Type of excavator:	Farmer
10. Type of excavation equipment:	Unknown/Other
11. Type of work performed:	Agriculture
12. Was the One-Call Center notified?	No
12a. If Yes, specify ticket number:	
12b. If this is a State where more than a single One-Call Center exists, list the name of the One-Call Center notified:	
13. Type of Locator:	Unknown/Other
14. Were facility locate marks visible in the area of excavation?	Unknown/Other
15. Were facilities marked correctly?	Unknown/Other
16. Did the damage cause an interruption in service?	Yes
16a. If Yes, specify duration of the interruption (hours)	54
17. Description of the CGA-DIRT Root Cause *(select only the one predominant first level CGA-DIRT Root Cause and then, where available as a choice, the one predominant second level CGA-DIRT Root Cause as well):*	
Root Cause:	One-Call Notification Practices Not Sufficient
- If One-Call Notification Practices Not Sufficient, specify:	No notification made to the One-Call Center
- If Locating Practices Not Sufficient, specify:	
- If Excavation Practices Not Sufficient, specify:	
- If Other/None of the Above, explain:	
G4 - Other Outside Force Damage - *only one **sub-cause** can be selected from the shaded left-hand column*	

Other Outside Force Damage – Sub-Cause:	
- If Nearby Industrial, Man-made, or Other Fire/Explosion as Primary Cause of Incident:	
- If Damage by Car, Truck, or Other Motorized Vehicle/Equipment NOT Engaged in Excavation:	
1. Vehicle/Equipment operated by:	
- If Damage by Boats, Barges, Drilling Rigs, or Other Maritime Equipment or Vessels Set Adrift or Which Have Otherwise Lost Their Mooring:	
2. Select one or more of the following IF an extreme weather event was a factor:	
- Hurricane	
- Tropical Storm	
- Tornado	
- Heavy Rains/Flood	
- Other	
- If Other, Describe:	
- If Routine or Normal Fishing or Other Maritime Activity NOT Engaged in Excavation:	
- If Electrical Arcing from Other Equipment or Facility:	
- If Previous Mechanical Damage NOT Related to Excavation:	
Complete Questions 3-7 ONLY IF the "Item Involved in Accident" (from PART C, Question 3) is Pipe or Weld.	
3. Has one or more internal inspection tool collected data at the point of the Accident?	
3a. If Yes, for each tool used, select type of internal inspection tool and indicate most recent year run:	
- Magnetic Flux Leakage	
Most recent year conducted:	
- Ultrasonic	
Most recent year conducted:	
- Geometry	
Most recent year conducted:	
- Caliper	
Most recent year conducted:	
- Crack	
Most recent year conducted:	
- Hard Spot	
Most recent year conducted:	
- Combination Tool	
Most recent year conducted:	
- Transverse Field/Triaxial	
Most recent year conducted:	
- Other	
Most recent year conducted:	
Describe:	
4. Do you have reason to believe that the internal inspection was completed BEFORE the damage was sustained?	
5. Has one or more hydrotest or other pressure test been conducted since original construction at the point of the Accident?	
- If Yes:	
Most recent year tested:	
Test pressure (psig):	
6. Has one or more Direct Assessment been conducted on the pipeline segment?	
- If Yes, and an investigative dig was conducted at the point of the Accident:	
Most recent year conducted:	
- If Yes, but the point of the Accident was not identified as a dig site:	
Most recent year conducted:	
7. Has one or more non-destructive examination been conducted at the point of the Accident since January 1, 2002?	
7a. If Yes, for each examination conducted since January 1, 2002, select type of non-destructive examination and indicate most recent year the examination was conducted:	
- Radiography	
Most recent year conducted:	
- Guided Wave Ultrasonic	
Most recent year conducted:	
- Handheld Ultrasonic Tool	
Most recent year conducted:	
- Wet Magnetic Particle Test	
Most recent year conducted:	
- Dry Magnetic Particle Test	
Most recent year conducted:	

- Other	
Most recent year conducted:	
Describe:	
- If Intentional Damage:	
8. Specify:	
- If Other, Describe:	
- If Other Outside Force Damage:	
9. Describe:	
G5 - Material Failure of Pipe or Weld - only one **sub-cause** can be selected from the shaded left-hand column	
Use this section to report material failures ONLY IF the "Item Involved in Accident" (from PART C, Question 3) is "Pipe" or "Weld."	
Material Failure of Pipe or Weld – Sub-Cause:	
1. The sub-cause selected below is based on the following: *(select all that apply)*	
- Field Examination	
- Determined by Metallurgical Analysis	
- Other Analysis	
- If "Other Analysis", Describe:	
- Sub-cause is Tentative or Suspected; Still Under Investigation (Supplemental Report required)	
- If Construction, Installation, or Fabrication-related:	
2. List contributing factors: *(select all that apply)*	
- Fatigue or Vibration-related	
Specify:	
- If Other, Describe:	
- Mechanical Stress:	
- Other	
- If Other, Describe:	
- If Original Manufacturing-related (NOT girth weld or other welds formed in the field):	
2. List contributing factors: *(select all that apply)*	
- Fatigue or Vibration-related:	
Specify:	
- If Other, Describe:	
- Mechanical Stress:	
- Other	
- If Other, Describe:	
- If Environmental Cracking-related:	
3. Specify:	
- Other - Describe:	
Complete the following if any Material Failure of Pipe or Weld sub-cause is selected.	
4. Additional factors: (*select all that apply*):	
- Dent	
- Gouge	
- Pipe Bend	
- Arc Burn	
- Crack	
- Lack of Fusion	
- Lamination	
- Buckle	
- Wrinkle	
- Misalignment	
- Burnt Steel	
- Other:	
- If Other, Describe:	
5. Has one or more internal inspection tool collected data at the point of the Accident?	
5a. If Yes, for each tool used, select type of internal inspection tool and indicate most recent year run:	
- Magnetic Flux Leakage	
Most recent year run:	
- Ultrasonic	
Most recent year run:	
- Geometry	
Most recent year run:	
- Caliper	
Most recent year run:	
- Crack	
Most recent year run:	

- Hard Spot	
Most recent year run:	
- Combination Tool	
Most recent year run:	
- Transverse Field/Triaxial	
Most recent year run:	
- Other	
Most recent year run:	
Describe:	
6. Has one or more hydrotest or other pressure test been conducted since original construction at the point of the Accident?	
- If Yes:	
Most recent year tested:	
Test pressure (psig):	
7. Has one or more Direct Assessment been conducted on the pipeline segment?	
- If Yes, and an investigative dig was conducted at the point of the Accident -	
Most recent year conducted:	
- If Yes, but the point of the Accident was not identified as a dig site -	
Most recent year conducted:	
8. Has one or more non-destructive examination(s) been conducted at the point of the Accident since January 1, 2002?	
8a. If Yes, for each examination conducted since January 1, 2002, select type of non-destructive examination and indicate most recent year the examination was conducted: -	
- Radiography	
Most recent year conducted:	
- Guided Wave Ultrasonic	
Most recent year conducted:	
- Handheld Ultrasonic Tool	
Most recent year conducted:	
- Wet Magnetic Particle Test	
Most recent year conducted:	
- Dry Magnetic Particle Test	
Most recent year conducted:	
- Other	
Most recent year conducted:	
Describe:	
G6 – Equipment Failure - only one **sub-cause** can be selected from the shaded left-hand column	
Equipment Failure – Sub-Cause:	
- If Malfunction of Control/Relief Equipment:	
1. Specify: *(select all that apply)* -	
- Control Valve	
- Instrumentation	
- SCADA	
- Communications	
- Block Valve	
- Check Valve	
- Relief Valve	
- Power Failure	
- Stopple/Control Fitting	
- ESD System Failure	
- Other	
- If Other – Describe:	
- If Pump or Pump-related Equipment:	
2. Specify:	
- If Other – Describe:	
- If Threaded Connection/Coupling Failure:	
3. Specify:	
- If Other – Describe:	
- If Non-threaded Connection Failure:	
4. Specify:	
- If Other – Describe:	
- If Defective or Loose Tubing or Fitting:	
- If Failure of Equipment Body (except Pump), Tank Plate, or other Material:	
- If Other Equipment Failure:	

5. Describe:	
Complete the following if any Equipment Failure sub-cause is selected.	
6. Additional factors that contributed to the equipment failure: *(select all that apply)*	
- Excessive vibration	
- Overpressurization	
- No support or loss of support	
- Manufacturing defect	
- Loss of electricity	
- Improper installation	
- Mismatched items (different manufacturer for tubing and tubing fittings)	
- Dissimilar metals	
- Breakdown of soft goods due to compatibility issues with transported commodity	
- Valve vault or valve can contributed to the release	
- Alarm/status failure	
- Misalignment	
- Thermal stress	
- Other	
- If Other, Describe:	
G7 - Incorrect Operation - only one **sub-cause** can be selected from the shaded left-hand column	
Incorrect Operation – Sub-Cause:	
Damage by Operator or Operator's Contractor NOT Related to Excavation and NOT due to Motorized Vehicle/Equipment Damage	No
Tank, Vessel, or Sump/Separator Allowed or Caused to Overfill or Overflow	No
1. Specify:	
- If Other, Describe:	
Valve Left or Placed In Wrong Position, but NOT Resulting in a Tank, Vessel, or Sump/Separator Overflow or Facility Overpressure	No
Pipeline or Equipment Overpressured	No
Equipment Not Installed Properly	No
Wrong Equipment Specified or Installed	No
Other Incorrect Operation	No
2. Describe:	
Complete the following if any Incorrect Operation sub-cause is selected.	
3. Was this Accident related to *(select all that apply)*: -	
- Inadequate procedure	
- No procedure established	
- Failure to follow procedure	
- Other:	
- If Other, Describe:	
4. What category type was the activity that caused the Accident?	
5. Was the task(s) that led to the Accident identified as a covered task in your Operator Qualification Program?	
5a. If Yes, were the individuals performing the task(s) qualified for the task(s)?	
G8 - Other Accident Cause - only one **sub-cause** can be selected from the shaded left-hand column	
Other Accident Cause – Sub-Cause:	
- If Miscellaneous:	
1. Describe:	

- If Unknown:	
2. Specify:	

PART H - NARRATIVE DESCRIPTION OF THE ACCIDENT

A family member of the landowner was taking out a hedge row along a fence line with a D-8 Dozer fitted with ripper blades when he punctured the line, causing the release. Prior notification had not been made to the Nebraska One-Call Telephone Center so Magellan was not aware of the excavation activity until after the line had been punctured. The line was repaired in compliance with 49 CFR Part 195 and company procedures, and the impacted waterways and soil were remediated according to company and government standards.

File Full Name

PART I - PREPARER AND AUTHORIZED SIGNATURE

Preparer's Name	Kenneth L. Lybarger
Preparer's Title	Sr. Compliance Coordinator
Preparer's Telephone Number	918-574-7315
Preparer's E-mail Address	ken.lybarger@magellanlp.com
Preparer's Facsimile Number	918-574-7246
Authorized Signature's Name	Kenneth L. Lybarger
Authorized Signature Title	Sr. Compliance Coordinator
Authorized Signature Telephone Number	918-574-7315
Authorized Signature Email	ken.lybarger@magellanlp.com
Date	01/06/2012

US DOT PHMSA REPORT #3-8”

NOTICE: This report is required by 49 CFR Part 195. Failure to report can result in a civil penalty not to exceed $100,000 for each violation for each day that such violation persists except that the maximum civil penalty shall not exceed $1,000,000 as provided in 49 USC 60122.	OMB NO: 2137-0047 EXPIRATION DATE: 01/31/2013
U.S Department of Transportation Pipeline and Hazardous Materials Safety Administration	**Report Date:** 01/06/2012 **No.** 20120008 - 16308 (DOT Use Only)

ACCIDENT REPORT - HAZARDOUS LIQUID PIPELINE SYSTEMS

A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2137-0047. Public reporting for this collection of information is estimated to be approximately 10 hours per response (5 hours for a small release), including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, PHMSA, Office of Pipeline Safety (PHP-30) 1200 New Jersey Avenue, SE, Washington, D.C. 20590.

INSTRUCTIONS

Important: *Please read the separate instructions for completing this form before you begin. They clarify the information requested and provide specific examples. If you do not have a copy of the instructions, you can obtain one from the PHMSA Pipeline Safety Community Web Page at http://www.phmsa.dot.gov/pipeline.*

PART A - KEY REPORT INFORMATION

Report Type: *(select all that apply)*	**Original:**	**Supplemental:**	**Final:**
	Yes		
Last Revision Date:			
1. Operator's OPS-issued Operator Identification Number (OPID):	22610		
2. Name of Operator	MAGELLAN PIPELINE COMPANY, LP		
3. Address of Operator:			
3a. Street Address	MAGELLAN MIDSTREAM PARTNERS, L.P., ONE WILLIAMS CENTER, MAIL DROP 27		
3b. City	TULSA		
3c. State	Oklahoma		
3d. Zip Code	74172		
4. Local time *(24-hr clock)* and date of the Accident:	12/10/2011 10:50		
5. Location of Accident:			
Latitude:	40.31277		
Longitude:	-95.72125		
6. National Response Center Report Number (if applicable):	997760		
7. Local time *(24-hr clock)* and date of initial telephonic report to the National Response Center (if applicable):	12/10/2011 11:19		
8. Commodity released: *(select only one, based on predominant volume released)*	Refined and/or Petroleum Product (non-HVL) which is a Liquid at Ambient Conditions		
- Specify Commodity Subtype:	Diesel, Fuel Oil, Kerosene, Jet Fuel		
- If "Other" Subtype, Describe:			
- If Biofuel/Alternative Fuel and Commodity Subtype is Ethanol Blend, then % Ethanol Blend: %			
- If Biofuel/Alternative Fuel and Commodity Subtype is Biodiesel, then Biodiesel Blend (e.g. B2, B20, B100): B			
9. Estimated volume of commodity released unintentionally (Barrels):	650.00		
10. Estimated volume of intentional and/or controlled release/blowdown (Barrels):			
11. Estimated volume of commodity recovered (Barrels):	21.00		
12. Were there fatalities?	No		
- If Yes, specify the number in each category:			
12a. Operator employees			
12b. Contractor employees working for the Operator			
12c. Non-Operator emergency responders			
12d. Workers working on the right-of-way, but NOT associated with this Operator			
12e. General public			
12f. Total fatalities (sum of above)			
13. Were there injuries requiring inpatient hospitalization?	No		
- If Yes, specify the number in each category:			
13a. Operator employees			
13b. Contractor employees working for the Operator			
13c. Non-Operator emergency responders			

13d. Workers working on the right-of-way, but NOT associated with this Operator	
13e. General public	
13f. Total injuries (sum of above)	
14. Was the pipeline/facility shut down due to the Accident?	Yes
- If No, Explain:	
- If Yes, complete Questions 14a and 14b: *(use local time, 24-hr clock)*	
14a. Local time and date of shutdown:	12/10/2011 10:52
14b. Local time pipeline/facility restarted:	12/11/2011 14:40
- Still shut down? (* Supplemental Report Required)	
15. Did the commodity ignite?	No
16. Did the commodity explode?	No
17. Number of general public evacuated:	
18. Time sequence *(use local time, 24-hour clock)*:	
18a. Local time Operator identified Accident:	12/10/2011 10:52
18b. Local time Operator resources arrived on site:	12/10/2011 11:58

PART B - ADDITIONAL LOCATION INFORMATION

1. Was the origin of Accident onshore?	Yes
If Yes, Complete Questions (2-12)	
If No, Complete Questions (13-15)	
- If Onshore:	
2. State:	Nebraska
3. Zip Code:	68414
4. City	NEMAHA CITY
5. County or Parish	NEMAHA
6. Operator-designated location:	Milepost/Valve Station
Specify:	110.5
7. Pipeline/Facility name:	#3-8" KANSAS CITY TO DONIPHAN LINE
8. Segment name/ID:	LINE SEGMENT #5503
9. Was Accident on Federal land, other than the Outer Continental Shelf (OCS)?	No
10. Location of Accident:	Originated on Operator-controlled property, but then flowed or migrated off the property
11. Area of Accident (as found):	Underground
Specify:	Under soil
- If Other, Describe:	
Depth-of-Cover (in):	27
12. Did Accident occur in a crossing?	No
- If Yes, specify below:	
- If Bridge crossing –	
Cased/ Uncased:	
- If Railroad crossing –	
Cased/ Uncased/ Bored/drilled	
- If Road crossing –	
Cased/ Uncased/ Bored/drilled	
- If Water crossing –	
Cased/ Uncased	
- Name of body of water, if commonly known:	
- Approx. water depth (ft) at the point of the Accident:	
- Select:	
- If Offshore:	
13. Approximate water depth (ft) at the point of the Accident:	
14. Origin of Accident:	
- In State waters - Specify:	
- State:	
- Area:	
- Block/Tract #:	
- Nearest County/Parish:	
- On the Outer Continental Shelf (OCS) - Specify:	
- Area:	
- Block #:	
15. Area of Accident:	

PART C - ADDITIONAL FACILITY INFORMATION

1. Is the pipeline or facility:	Intrastate
2. Part of system involved in Accident:	Onshore Pipeline, Including Valve Sites
- If Onshore Breakout Tank or Storage Vessel, Including Attached Appurtenances, specify:	